what you can do about your aching

BACK

Each year one American in seven takes an aching back to a physician in search of relief. Backache is the nation's number-one cause of lost time for workers in industry and there is strong evidence that women are more prone to this complaint than men, largely because of its frequent association with the menstrual period. The movements of such well-watched personages as President Kennedy and Elizabeth Taylor are restricted by problem backs, and an untold number of citizens, prominent and otherwise, must have their backs unobtrusively supported by special corsets.

Happily, even some of the most painful aching backs are not serious, and medicine has recently made good progress in treating those that are.

Backaches can result from dozens of disorders, ranging from poor posture (very often) to advanced cancer (very rarely). Only a physician can pinpoint the correct cause, however. The human back is an inordinately complicated and sensitive piece of machinery, and its aches represent nothing less than part of the price we pay for being human in the first place.

"If you really want to get to the basic cause of backache, you have to go back to the time man first got up on his hind legs," says Dr. Peter Cyrus Rizzo, director of the Back Clinic at the Hospital for Special Surgery of Cornell Medical Center in New York. "Much human anatomy was designed by nature for the quadruped, so when we decided to become bipeds, we placed many unnatural strains on muscles and bones. This is particularly true of the back. Instead of going along for the ride, it is required to bear much of the weight of the body in motion."

While humans have been suffering from aching backs since before the dawn of history, the styles in naming back trouble are almost as variable as those dictated by Paris couturiers. Our grandparents were commonly afflicted by nothing more explicit than a "crick" or lumbago. Then, when the sacroiliac joints were discovered, all lower-back pains were attributed falsely for the most part to these structures at the lower end of the spine. More recently the concept of slipped or ruptured disks became all the mode.

It is true that these soft, fibrous structures, which serve as shock absorbers between the segments, or vertebrae, of the spine, do sometimes tear or slip out of place. But a comparatively small proportion of backaches are the result of this problem. In most backache cases, the doctor doesn't even suspect disk trouble. Only when pain extends from the back into one or both legs is the possibility raised. Orthopedists emphasize this because disk defects are the chief reason for performing operations on people with backaches, and there is a growing belief that some of this surgery has been unnecessary.

Many people start worrying about the possibilities of an operation the first time they feel a twinge in the back, says Doctor Rizzo. This fear increases the tension, which may have been the cause of the pain in the first place.

Moreover, when a disk does herniate, or rupture (the medical description of a "slipped disk"), surgery is not always required. In three out of five victims of this form of back trouble, it is an injury that causes the center of the disk to break through the surrounding tissue and put painful pressure on the nerves entering the spinal cord.

As with many injuries, spontaneous healing frequently occurs. When this happens, the protruding portion of the disk may return to its normal place and end the pain. Physicians can sometimes speed this process by injecting local anesthetics to deaden the nerves being pressed by the injured disk.

What happens when the pain persists and surgery is required? Doctors may choose one of several operations. Among the most common are removal of the abnormal disk and the insertion of bone fragments (obtained from bone banks) between the vertebrae to restore spinal stability. Neither of these operations is a surething, but most specialists agree that they provide relief in the majority of cases.

The main point to remember is that back pain is most often a simple and direct result of poor posture and/or local injury. Posture-caused backaches can result from such minor matters as chronic slouching, "flat" feet or other foot trouble. The problem may be solved simply by having the patient switch from high heels to flats or, in more severe cases, to specially corrected shoes. If a bad habit like hunched-over posture is the villain, treatment can be equally simple. A good girdle—if possible, one with some form of extra stay or support—may be the answer. If this is not enough, a corset may be necessary.

A few simple exercises, aimed at strengthening the abdominal muscles that support the back, may be useful, too. There are several variations of such exercises, but here are the basic ones. (1) Lie flat on back and raise legs, one at a time, keeping them straight and trying to bring them as nearly perpendicular to the trunk as possible. Then do the same with both legs together. (2) Lie flat on back, and roll arms across the chest. Rise to sitting position, slowly, lower yourself, rise, etc. (3) Lie on stomach, raise legs and trunk alternately. (4) Lie on back with knees brought up to chest and rock slowly back and forth. It is important to approach these exercises with moderation. At the beginning, half a minute or a minute a day may be all that is tolerated with gradual increase. The key thing is that the exercise should not be painful. If it is, the risk of aggravating a back problem is much greater than the benefits one can derive—a hotel orthopedist stresses.

Injuries to the back can unfortunately result from the simplest motions—stepping off a curb and landing wrong, stooping to pick up the baby and straightening up too suddenly, even making an incorrect motion during deep sleep. Such injuries often heal within a few days. Rest is the main ingredient of the treatment. Aspirin and related drugs are helpful.

Since treatment of so many backaches is so simple, is it necessary to see a doctor at all? Specialists agree that in most cases it is reasonable to give the pain a few days to clear up before consulting a physician. However, Doctor Rizzo has this warning: "It depends to a large extent on the kind of pain involved. If the ache goes away or becomes considerably milder after rest, then the odds are it is caused by common strain or other injury to a back ligament and will cure itself. On the other hand, if pain persists with rest, the cause may be some underlying organic disease. In such a case, medical attention should be sought promptly." This is particularly true in men and women who are past forty or forty-five when the possibility—no matter how slight—of malignancy should be considered.

More common are backaches caused by arthritic conditions. These fortunately usually respond to cortisone or other drugs.

Women frequently go to their gynecologists about backaches, but the female reproductive system is rarely directly involved. Of course, many women have backache at the time of the menstrual period, but treatment is usually unnecessary unless the backache is part of a consistent pattern of extreme discomfort.

One of the two most common gynecologic causes of backache, according to Dr. Arthur Greeley, a specialist in women's diseases and associate professor of obstetrics and gynecology at New York Hospital–Cornell Medical Center, is inflammation of the lining of the uterus (endometriosis). This condition is readily treated with drugs. The other cause is abnormal placement of the womb, so that it lies abnormally far back. This problem is treatable with surgery and/or exercise.

What about cancer of the reproductive organs as a cause of backache? Specialists are inclined to minimize this possibility. While such cancers can cause back pain, they almost never do so without bringing on a host of other symptoms. On the other hand, any woman who has been treated for cancer should check with her physician who has treated her if she begins to have pains in the back or, for that matter, in any part of the body.

Emotion plays an extremely important role in causing backache. While there is no way to determine exactly what percentage of backaches involve emotional factors, experts feel it may be as high as fifty per cent. It's not surprising that backache should be a response to nervous tensions. After all, the spinal cord is as much a part of the body's central nervous system as the brain. Just as tensions cause reactions of the blood vessels in the head, so they can cause increased blood flow and muscle spasm in the back. These reactions in turn produce pressures on the nerves coming out of the spinal cord, and we feel such increased pressure as pain.

Among psychiatrists who have studied backache, there is a feeling that its status as a psychosomatic disease is almost equal to that of migraine headache. In fact, some have termed it a migraine equivalent. The difficulty often is getting the patient to realize this. People who readily see the interrelationship between headache and the emotions—after all, we all say the head is often reluctant to make the same connection between the emotions and backache.

As with headache, back pain can be a purely emotional defense mechanism. Typically, this occurs in a woman who feels overwhelmed by domestic responsibilities. She can hardly turn her back on husband and family and take to her bed for a few days—at least, not without an emotional excuse. Backache may provide the perfect pretext. She has been subconsciously searching for it. By happy coincidence, the best cure for the backache is just what the doctor ordered for the physical and emotional fatigue that caused it.

Other psychosomatic backaches may require treatment for the removal of their basic psychological causes, possibly by talks with the family physician or occasionally with a psychiatrist.

When youngsters have persistent backaches, the possibility, or lack, of worms or congenital defects is considered by the physician. A number of defects—some inherited, but most of them the result of faulty development before birth—can cause backache. Among these are uneven leg lengths, excessive spinal curvature, and failure of the spinal column to close completely. Happily, surgical treatment of most congenital defects is now possible even on very young infants, and the number of children growing up with crippling deformities of the back and limbs can be greatly reduced by such preventive operations.

A large percentage of backaches need never occur if simple precautions are taken. For example, says Doctor Rizzo, "I can help you never get that upholstered feeling." It's been my experience that such chairs fail to give proper support for the back, and many people injure themselves in the simple act of rising from their depths."

The New York specialist has other suggestions for backache-proofing a house. He advocates raising the levels of all work surfaces, to avoid bending over while ironing, diapering a baby or cooking. He also cautions against bending over to lift heavy objects. Instead, such lifting should be done by squatting down to the object, then using the legs rather than the back to provide leverage in rising.

All orthopedists warn against soft and worn-down mattresses for the backache-prone. "The firm mattress provides support that is badly needed, particularly for those who are in the habit of sleeping on the side," one orthopedist says.

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BY DAVID FISHER